

II. PLAINTIFF INFORMATION

If you checked "To me" in Box 1, **YOU are the Plaintiff.** Complete this section with information about YOU.

If you checked "Someone else" in Box 1, **THAT PERSON is the Plaintiff.** Complete this section with information about THAT PERSON.

2. First name: SAMUEL	3. Middle name:	4. Last name: GOOL	5. Suffix:
6. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		7. Is the Plaintiff deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If you checked "To me" in Box 1, check "No" here.</i>	
Skip (8) and (9) if you checked "Yes" in Box 7.			
8. Residence city: SPRINGFIELD		9. Residence state: ILLINOIS	
Skip (10), (11), and (12) if you checked "No" in Box 7.			
10. Date of Plaintiff's death:	11. Plaintiff's residence state at the time of their death:	12. Was the Plaintiff's death caused by an injury that resulted from their exposure to contaminated water at Camp Lejeune? <input type="checkbox"/> Yes <input type="checkbox"/> No	

III. EXPOSURE INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

13. Plaintiff's first month of exposure to the water at Camp Lejeune: June 1, 1983	14. Plaintiff's last month of exposure to the water at Camp Lejeune: January 1, 1984
15. Estimated total months of exposure: 7 months	16. Plaintiff's status at the time(s) of exposure (please check all that apply): <input checked="" type="checkbox"/> Member of the Armed Services <input type="checkbox"/> Civilian (includes in utero exposure)
17. If you checked Civilian in Box 16, check all that describe the Plaintiff at the time(s) of exposure: <input type="checkbox"/> Civilian Military Dependent <input type="checkbox"/> Civilian Employee of Private Company <input type="checkbox"/> Civil Service Employee <input type="checkbox"/> In Utero/Not Yet Born <input type="checkbox"/> Other	18. Did Plaintiff at any time live or work in any of the following areas? Check <u>all</u> that apply. <input type="checkbox"/> Berkeley Manor <input type="checkbox"/> Hadnot Point <input type="checkbox"/> Hospital Point <input type="checkbox"/> Knox Trailer Park <input type="checkbox"/> Mainside Barracks <input type="checkbox"/> Midway Park <input type="checkbox"/> Paradise Point <input type="checkbox"/> Tarawa Terrace <input checked="" type="checkbox"/> None of the above <input type="checkbox"/> Unknown

IV. INJURY INFORMATION

If you checked “To me” in Box 1, complete this section with information about YOU.

If you checked “Someone else” in Box 1, complete this section with information about THAT PERSON.

19. Identify the illnesses or conditions the Plaintiff suffered as a result of exposure to contaminated water at Camp Lejeune.

Injury	Approximate date of onset
<input type="checkbox"/> Adverse birth outcomes (Plaintiff is the PARENT of an individual who died in utero or was stillborn or born prematurely)	
<input type="checkbox"/> ALS (Lou Gehrig’s Disease)	
<input type="checkbox"/> Aplastic anemia or myelodysplastic syndrome	
<input type="checkbox"/> Bile duct cancer	
<input type="checkbox"/> Bladder cancer	
<input type="checkbox"/> Brain / central nervous system cancer	
<input type="checkbox"/> Breast cancer	
<input type="checkbox"/> Cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Cervical cancer	
<input type="checkbox"/> Colorectal cancer	
<input type="checkbox"/> Esophageal cancer	
<input type="checkbox"/> Gallbladder cancer	
<input type="checkbox"/> Hepatic steatosis (Fatty Liver Disease)	
<input type="checkbox"/> Hypersensitivity skin disorder	
<input type="checkbox"/> Infertility	
<input type="checkbox"/> Intestinal cancer	
<input checked="" type="checkbox"/> Kidney cancer	2000
<input type="checkbox"/> Non-cancer kidney disease	
<input type="checkbox"/> Leukemia	
<input type="checkbox"/> Liver cancer	
<input type="checkbox"/> Lung cancer	
<input type="checkbox"/> Multiple myeloma	
<input type="checkbox"/> Neurobehavioral effects	
<input type="checkbox"/> Non-cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Non-Hodgkin’s Lymphoma	
<input type="checkbox"/> Ovarian cancer	
<input type="checkbox"/> Pancreatic cancer	
<input type="checkbox"/> Parkinson’s disease	
<input type="checkbox"/> Prostate cancer	
<input type="checkbox"/> Sinus cancer	
<input type="checkbox"/> Soft tissue cancer	
<input type="checkbox"/> Systemic sclerosis / scleroderma	
<input type="checkbox"/> Thyroid cancer	

The Camp Lejeune Justice Act does not specify a list of covered conditions.

If the Plaintiff suffers or previously suffered from a condition not listed above, and the Plaintiff alleges that the condition was caused by exposure to the water at Camp Lejeune as required under the Act, please check "Other" and describe the condition on the following lines.

Note in particular that the Board of Veterans' Appeals of the U.S. Department of Veterans Affairs (the "VA") has approved benefits in connection with Camp Lejeune for conditions beyond those listed above.

☐ **Other:**

Approximate date of onset

_____	_____
_____	_____
_____	_____
_____	_____

V. REPRESENTATIVE INFORMATION

If you checked "To me" in Box 1, **SKIP THIS SECTION** and proceed to section VI. ("Exhaustion").

If you checked "Someone else" in Box 1, complete this section with information about YOU.

20. Representative First Name:	21. Representative Middle Name:	22. Representative Last Name:	23. Representative Suffix:
24. Residence City:		25. Residence State:	
		<input type="checkbox"/> Outside of the U.S.	
26. Representative Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
27. What is your familial relationship to the Plaintiff? <input type="checkbox"/> They are/were my spouse. <input type="checkbox"/> They are/were my parent. <input type="checkbox"/> They are/were my child. <input type="checkbox"/> They are/were my sibling. <input type="checkbox"/> Other familial relationship: They are/were my _____ <input type="checkbox"/> No familial relationship.			
Derivative claim			
28. Did the Plaintiff's death or injury cause the Plaintiff's spouse, children, or parents mental anguish, loss of financial support, loss of consortium, or any other economic or non-economic harm for which you intend to seek recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No			

VI. EXHAUSTION

29. On what date was the administrative claim for this Plaintiff filed with the Department of the Navy (DON)?

mm/dd/yyyy 09/03/2022

30. What is the DON Claim Number for the administrative claim?

CLS23-000095

☐ DON has not yet assigned a Claim Number

VII. CLAIM FOR RELIEF

Plaintiff respectfully requests that pursuant to subsection 804(b) of the CLJA the Court enter judgment against the Defendant and award damages and all other appropriate relief for the harm to Plaintiff that was caused by exposure to the water at Camp Lejeune.

VIII. JURY TRIAL DEMAND

Plaintiff demands a trial by jury of all issues so triable pursuant to Rule 38 of the Federal Rules of Civil Procedure and subsection 804(d) of the CLJA.

Dated: November 5, 2023

WALLACE & GRAHAM, P.A.
Local Counsel for Plaintiff

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